

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14460**
Registrar's No. **2174**

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2174</u>	
1. PLACE OF DEATH a. COUNTY <u>Tackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jack</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 No. Hordesty</u>				e. STREET ADDRESS (If rural, give location) <u>315 No Hordesty</u>			
3. NAME OF DECEASED (Type or Print) <u>Ida</u>		a. (First)		b. (Middle)		c. (Last) <u>Rigotti Rigali</u>	
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23, 1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <u>May 3, 1879</u>		9. AGE (In years last birthday) <u>73 yrs</u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ferdinand Matroni</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>John Rigotti Rigali</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Rigotti Rigali K. C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Parado. Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>445K</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept.</u> , 1941, to <u>April 23, 1953</u> , that I last saw the deceased alive on <u>April 23, 1953</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Cummins</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4620 Ind. Ave.</u>		23c. DATE SIGNED <u>4-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil Funeral Home K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#3, 14, 17 corr by afvlt.
5-1-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Edward B. Murith, Student Embalmer No. 480
working under my personal supervision.

Student Edward B. Murith
Signature of Student Embalmer

Signed John Schell

Licensed Embalmer No. H. C.

P. O. Address 3625

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No.

14460-53

State of Missouri

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2174

On this 8th day of March, 1957, before me appears

Joe F. Rigali

, who, upon his oath, states that the original record of birth death

for Ida Rigoli died April 23, 1953, in the State of Missouri, and which was filed at Kansas City, Missouri on 4-24-1953, should be corrected as follows:

Item No. 3 should read Ida Rigali

Instead of Ida Rigoli

Item No. 14 should read John Rigali

Instead of John Rigoli

Item No. 17 should read John Rigali

Instead of John Rigoli

Item No. should read

Instead of

Item No. should read

Instead of

Verified by 2593-55 (death Record)

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Joe F. Rigali, Son
315 No. 1st St., Mo.
Relationship

Present Address.

Subscribed and sworn to before me this 8th day of March, 1957

My Commission expires August 24, 1960 Resie W. Smith, Notary Public.

